

REQUEST TO ADD OR CHANGE INSTRUCTOR

ADMINISTRATOR CERTIFICATION SECTION

Instructions:

When adding or changing an instructor to a previously approved course, please complete the information below and mail the request to CDSS, ACS, 744 P Street, M.S. 19-47, Sacramento, CA 95814.

Select the appropriate box(es):

- ☐ Add an instructor to a previously approved course.
- ☐ Change an instructor to a previously approved course.
- ☐ Delete an instructor to a previously approved course.
-

Vendor Number: _____ Vendor Name: _____

Course Approval Number: _____

Course Title: _____

Name of Added Instructor: _____

Name of Deleted Instructor: _____

* Attach the instructor's resume with a copy of the approved request for course approval.

- ☐ Your request has been approved.
- ☐ Your request has been denied.
- ☐ The following additional information on the instructor's resume is needed: _____
- _____
- _____
-

Date: _____

Signature of Analyst: _____

Complete and submit both pages of this request

NAME OF INSTRUCTOR	SOCIAL SECURITY NUMBER *
(10) Does the instructor currently possess or has previously held a license, certification or other approval as a professional in a specified field? If yes, please indicate the type of license(s) or certificate(s) and number(s). <input type="checkbox"/> YES <input type="checkbox"/> NO	
(11) Has the instructor held or currently holds a government-issued facility license to operate and provide services to individuals? If yes, please indicate the type of license(s) and license number(s). <input type="checkbox"/> YES <input type="checkbox"/> NO	
(12) Is the instructor currently employed or was previously employed by a community care facility? If yes, please indicate the facility name(s) and license number(s). <input type="checkbox"/> YES <input type="checkbox"/> NO	
(13) Has the instructor been the subject of any administrative, legal or other action involving licensure, certification, or other approvals as specified in (10), (11), and (12) above? If yes, please explain and provide dates. If additional space is needed, please attach to this application. <input type="checkbox"/> YES <input type="checkbox"/> NO	
I declare under penalty of perjury that the foregoing information is true.	
SIGNATURE	DATE

NAME OF INSTRUCTOR	SOCIAL SECURITY NUMBER *
(10) Does the instructor currently possess or has previously held a license, certification or other approval as a professional in a specified field? If yes, please indicate the type of license(s) or certificate(s) and number(s). <input type="checkbox"/> YES <input type="checkbox"/> NO	
(11) Has the instructor held or currently holds a government-issued facility license to operate and provide services to individuals? If yes, please indicate the type of license(s) and license number(s). <input type="checkbox"/> YES <input type="checkbox"/> NO	
(12) Is the instructor currently employed or was previously employed by a community care facility? If yes, please indicate the facility name(s) and license number(s). <input type="checkbox"/> YES <input type="checkbox"/> NO	
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NAME OF INSTRUCTOR	SOCIAL SECURITY NUMBER *
(10) Does the instructor currently possess or has previously held a license, certification or other approval as a professional in a specified field? If yes, please indicate the type of license(s) or certificate(s) and number(s). <input type="checkbox"/> YES <input type="checkbox"/> NO	
(11) Has the instructor held or currently holds a government-issued facility license to operate and provide services to individuals? If yes, please indicate the type of license(s) and license number(s). <input type="checkbox"/> YES <input type="checkbox"/> NO	
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I declare under penalty of perjury that the foregoing information is true.	
SIGNATURE	DATE

* Federal law (at Title 5 United States Code Section 552a Note) states that: Any federal, state, or local government agency which requests an individual to disclose his social security account number shall inform that individual whether that disclosure is mandatory or voluntary, by what statutory or other authority such number is solicited, and what uses will be made of it.

* Disclosure of Social Security Number(s) is optional.